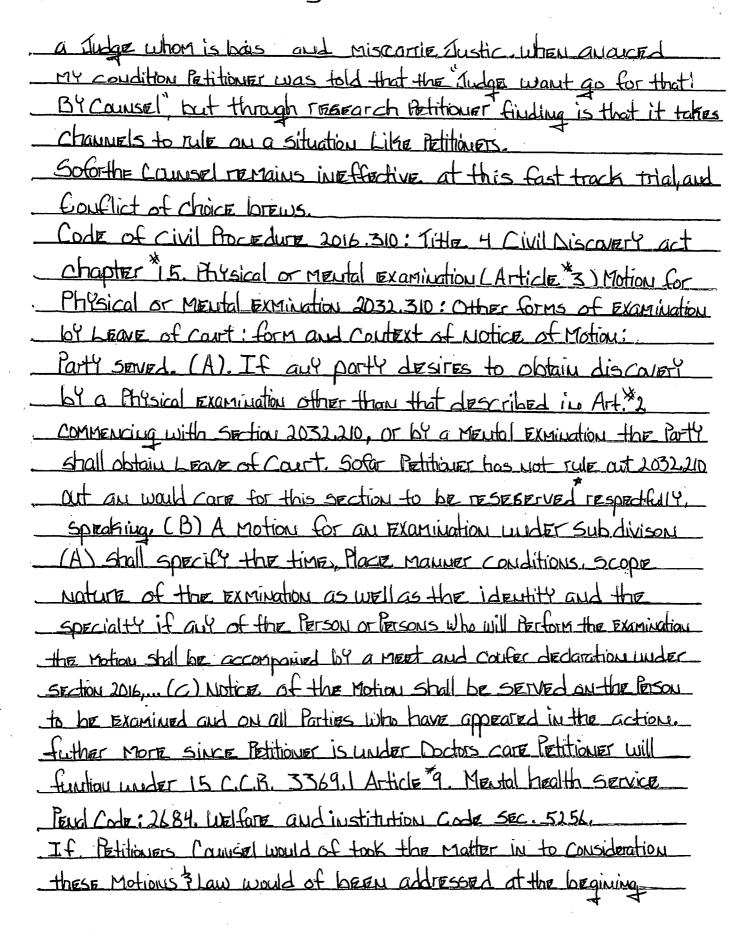
Page 1 of 86

Filed 01/22/2008

Motion: For LEGAL CAUSE due to incompented and Mental disorder Code of CIVIL Procedure 2016.310 Title 4. Civil Discovery act Chapter 15 Physical or MENTAL EXAMINATION. THE DOCTORS SINCE IN DEEN INTERTED has kept necord of MY Mental illness and the Medication to treat it. Petitioner would Like the privilege to adapt Article 1. DENERAL Provisions, Current through CH 172 of 2007 Beg. sess urgency legislation: 2032.020, Persons subject to discourt: restriction: Qualifications of Examining Philsicians, 157 sicians and Psychologists: (A). ANY Party May obtain discovery. Subject to the restrictions Set forth in Chapter #5 COMMERCING with SECTION 2019.010) by MEGUS of a Physical or Mental Examination of (1), a party to the action (2) an agent of any Party or (3), a natural Person in the in the custody or under Legal control of a party, in any action in which the Mental or Physical conditions lincluding the blood Group) of that Party or other PErson is in controversy in the action (B). A Physical Examination conducted under this chapter shall be perform only by a licensed Physicial or other appropriate licensed health care practitioner. (C). A MENTAL Examination conducted under this chapter shall be Performed ONLY by a licensed Physician, or by A licensed Clinical Psychologist who holds a Doctor degree in Psychology and has had at least five years of graduate experience in this diagnosis of Emotional and Mental disorder. In addition to a Probation Frearing Evaluation could not Law or Clinically recognize a under neath Mental or Physical disorder NOT Indge



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, of the trial. Petitioner urgency with stall legislation strall be met.
SECTION 1013: PETITIONER WOULD LIKE to Motion Molion Molion State Supreme.
_ if NEEDED. HOWEVET PETITONETS SETIONS EMOTIONAL ILLUSS OF CUITENT
Mental and Emotional and his Lost of Hearing tenso to be a problem.
Au in addition would care for the Cauts Complement to 15 C.C.R.
R 53360. Borclay Official California Code of regulations Title 15
Mental Health Services: (A) The department will provide a
board range of Modal health services to immates and Parolee
by assessing the needs of its population and develope specialized
Programs of Mexicol health Carre to the extent resources That-are
available for this purpose. NECCESSON and appropriate Mental
treath services will be provided to inmates and Pardees, and adequate
staff and facilities will be Maintained for delivery of such services.
Petitioner would like too be apart of that interlope provided HETE, but is
. OVET when in finding adequate help with his case.
When an imate is found to require Mental health care not available
, within these resources but which is available in the Department
of Mental Healthy the case will be referred to the director for
Consideration of temporary to that department Pursuant to Penal
CODE SECTION 2684. This Prison has MET MY NEEDS parcelly that's
NUE of the reasons I, was transfer here its been a Mental
blizzard for ME Sofar. California NEW Law on character Evidence
Evidence Code Section 352 and the import of recent Bychological
studies Miguel Angel Mendez (1984) 31 U.C.LA. L. REV. 1003.
·
T declare under penalty of Devojury the foregoing is true and correct to the best of my Knowlege and Gelief.
J +

Date: 12.25, 2007

Sign: Tanes Light

Case 10700021850MS-BLIK eDocument 1/0 S Filed 01/22/2008

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
CDC 1845 (Rev. 01/04)

Page 5 of 86

DEPARTMENT OF CORRECTIONS

CHECK ALL APPLICABLE BOXES

		MED PHYSICAL DISABILITIES LISTED IN SECTION B	
INMATE NAME:	CDC NUMBER:	STITUTION: HOUSING ASSIGNMENT: DATE FORM INITIATE	ED:
Chuninanam	1778392	M12 660 1X 112-17-	<u>(/)</u>
SECTION A: REASON FOR INI		ed by licensed medical staff. SECTION B: DISABILITY BEING EVALUATED	
	hird party evaluation request	Blind/Vision Impaired Speech Impaired	
	Medical documentation or entral File information	Deaf/Hearing Impaired Mobility Impaired	
		oleted by a physician only.	
SECTION C: PERMANENT DISABILITIES	SIMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES <u>NOT</u> IMPACTING PLACES	MENT
1. FULL TIME WHEELCHAIR USER - D Requires wheelchair accessible housing		1. NO CORRESPONDING CITEGO Y	T
2. INTERMITTENT WHEELCHAIR USE Requires lower bunk, wheelchair accession does not require wheelchair accessible of	ble path of travel and	2. NO CORRESPONDING CLTEGOR	
3. MOBILITY IMPAIRMENT - With or W (Wheelchairs shall not be prescribed) - I		3. MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices.	
Orthopedic, neurological or medical con ambulation (cannot walk 100 yards on a		No Housing Restrictions See HOUSING RESTRICTION in Section E	ONS
Requires lower bunk, no triple bunk, and		Requires relatively level terrain and no obstructions in path of transport of transport of the point place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C:	vel.
4. DEAF/HEARING IMPAIRMENT - DPI Must rely on written communication, lip hearing, with assistive devices, will not or localize emergency warnings or public	reading or signing as residual enable them to hear, understand	4. HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s).	
5. BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of corrective lenses in at least one eye (See IN SECTION E).	of better than 20/200 with	5. NO CORRESPONDING CATEGORY	
6. SPEECH IMPAIRMENT - DPS Does not communicate effectively speak	ing or in writing.	6. SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing	ng.
	SECTION E: ADDITIONAL	MEDICAL INFORMATION	· · · · · · · ·
CSR ALERT:		HEALTH CARE APPLIANCE / IDENTIFICATION VEST:	•
Requires relatively level terrain and no obstru	ctions in path of travel	☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐	Vest
Complex medical needs affecting placement	CDC 128-C	Other: Other:	· Celley
ASSISTANCE NEEDED WITH ACTIVITIES	OF DAILY LIVING:	OTHER DPP DESIGNATIONS: Lowing ded	7
☐ Feeding or Eating ☐ Bathing ☐ Gro	ooming W/C transferring	□ NONE;	
Toileting Other:	CDC 128-C(s) dated:	CODE DATED CODE DATED	
HOUSING RESTRICTIONS: Lower but	nk No stairs No trip	e bunk. CDC 128-C(s) dated:	
The State of the S	SECTION F:	EXCLUSIONS	$\mathbb{E}[X_i] = \frac{S_i}{N}$
VERFICATION OF CLAIMED DISABILITY (Explain in Comments Section and CDC 128-		al examination or other objective data DOES NOT SUPPORT claimed disab	ility.
REMOVAL FROM A DPP CODE: Removal	from previous DPP code:	. (Explain in Comments Section and CDC 128-C dated:)	
REMOVAL FROM ENTIRE PROGRAM: R	.emoval from DPP code(s):	. (Explain in Comments Section and CDC 128-C dated:)
the state of the s	SECTION G: EFFECTIVE C	DMMUNICATION FACTORS	3- 7-
Uses Sign Language Interpreter (SLI)	Reads Braille Con	municates with written notes Requires large print or magnifier	
Reads lips NO "EFFECTIVE COMM	UNICATION" ISSUES OBSERVE	D OR DOCUMENTED IN THE UNIT HEALTH RECORD with	Zear (L)
		imitations. No specific diagnosis or other confidential medical information)
			· ·
PHYSICIAN'S NAME OPINITY	PHYSICIAN'S	DATE SIGNED TO THE TOTAL TO THE SIGNED TO TH	17
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (PI		MANAGER'S / DESIGNEE'S SIGNATURE DATE SIGNED	
NOTE: After review by the Health Care Manager or		care staff shall retain green copy for the UHR, send the inmate copy via institution	

and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DEC \$ 2 2007

JAMES CLUMINGROM
CMC EAST BIDG. 6267 X
P.O. BOX 8103
SAN LUIS OBISPO. CA. 93403

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ORIGINAL

SOUTHERN DISTRICT OF CALIFORNIA

JAMES CHNNINGLOM PETITIONER,

John Marshall (worden cmc)
RESPONDENT.

CASE UD. 5-151640

Motice of Appeal: Motion for REGUEST of LEGAL COUNSEL for THE INCOMPONITY.

PETITIONEY is informing the Courts do to his MENTAL
Illness that HE CAN NOT represent himself in the
Courts of LAW. PETITIONER is being indigative about his disorder.

PETITIONIET WOULD LIKE THE PRIVILE to be represented by Coursel. The legal aexistances Petitioner was exposed is no Longer available in this Prision because he was transferred out. Petitionier can about do a certain amount of Legal work because of his condition. And this has been a issue since superior Court Legal Counsel told Me there it wouldn't be consider. So that thought recited there but by talking to My Doctor and People under Bose) should different.

The Medication, I take to cope with My disability would causic a element of risk. By Me not being savyy with the law.

Before My assistant Left he gave me some cites to applie.

Motion: For Legal Coursel due to incompented and Mental disorder Code of Civil Procedure 2016.310: Title 4. Civil Discovery act Chapter 15 Physical or MENTAL Examination. The Doctors SiNCE, I'V DEEN INVACETATES has kept record of MY Mental illness and the Medication to treat it Petitioner would LIKE the privilege to adapt Article 1. DENERAL Provisions, Current through Cit 172 of 2007 Beg. sess urgency legislation: 2032.020, Persons subject to discovery: restriction: Qualifications of Examining Physicians, PSYsicians and Psychologists: (A). ANY Party May obtain discovery. Subject to the restrictions Set forth in Chapter #5 COMMENTING With SECTION 2019.010) by MEANS of a Physical or Mental Examination of (1), a party to thre action (2), an agent of any Party or (3), a natural Person in the in the custody or under Legal control of a party, in any action in which the Mental or Physical Conditions (including the blood Group) of that Party or other PErson is in controversy IN the action (B). A PHYSICAL Examination conducted under this chapter strall be perform only by a licensed Physicial or other appropriate licensed health care practitioner. (C). A MENTAL Examination conducted under this chapter shall DE PERFORMED ONLY BY A LICENSED PHYSICIAN, OF BY A LICENSED Clinical Psichologist who holds a Doctor degree in Psichology and has had at least five Years of graduate experience in the diagnosis of Emotional and Mental disorders In addition to a Probation hearing Evaluation could not Law or Clinically recognize a under neath Mental or Physical disorder NOT Judge

a Judge whom is bois and miscorrie Justic. When anacred MY condition Patitioner was told that the Tudge want go for that! BY Coursel", but through research Petitioner finding is that it takes Channels to rule on a situation Like Petitioners. Soforthe Counsel remains inteffective at this fast track trial, and Conflict of choice brews. Code of civil Procedure 2016:310: Title 4 Civil Discovery act chapter " 5. Physical or Mental Examination (Article "3) Motion for Physical or Mental Exmination 2032.310: Other forms of Examination by LEAVE of Court: form and Context of Notice of Motion: Party Served. (A). If any party desires to obtain discovery by a Physical Examination other than that described in Art. 2 Commencing with Section 2032210, or by a Mental Exmination the Party Shall obtain Leave of Court. Sofar Petitianer has Not rule out 2032,210 Out an would care for this section to be rESEBETVED respectfully, Spraking (B) A motion for an Examination under Subdivisor (A) Shall specify the time, Place manner conditions, scope Nature of the Exmination as well as the identity and the Specialty if any of the Person or Persons who will Perform the Examination the Motion stall be accompanied by a MEET and Confer declaration under SECTION 2016,... (C) Notice of the Motion Shall be SETVED ON the Person to be Examined and on all Parties who have appeared in the actions. Luther More Since Petitioner is under Doctors care Petitioner will fundion under 15 C.C.R. 3369.1 Article 9. Mental health service PEUX Code: 2684. WELFORE and institution Code SEC. 5256, If Petilioners Counsel would of took the matter in to consideration these Motions & Law would of been addressed at the beginning.

, of the trial Petitioner ingenty with and legislation shall be MET. SECTION 1013: PETITIONER WOULD LIKE to Motion ralifornia State Supreme. if NEEDED. HOWEVET PETITIONETS SETIONS EMOTIONAL ILLUSS OF CHITENT Mental and Emotional and his Lost of Hearing tensos to be a problem. An in addition would care for the Courts Compliment to 15 C.C.R. R 53360. Barclay Official California Code of regulations Title 15. Mental Health Services: (A) The department will provide a board range of Metal health services to immates and Parolee by assessing the needs of its population and develope specialized Programs of Mexical health Care, to the extent resources That are available for this purpose. NECCESSAY and appropriate Mental trealth services will be provided to inmates and Pardees, and adequate staff and facilities will be Maintained for delivery of such services. Petitioner would like too be apart of that interlops provided Hereibut is . OVET WHEN IN finding adequate help with his case. When an imate is found to require Mental health care not available. within these resources , but which is available in the Deportment of Mental Health, the case will be referred to the director for Consideration of temporary to that department Pursuant to Penal CODE SECTION 2684. This Prison has MET MY NEEDS parcelly that's ONE of the reasons I, was transfer here its been a Mental blizzard for ME SOFAT. Cidifornia NEW Law on character Evidence EVIDENCE CODE SECTION 35) and THE import of FECENT BYCHOLOGICAL studies Miguel Angel MENDEZ (1984) 31 U.C.LA. L. REV. 1003

2 5 2007

DEU & O -- Sign:

Janes Light

State of Cal. hia Department of Corrections & F hillitation
Sierra Conservation Center Progress Note
Date // /6/2006, Time 3 = EPRD: / 1/4/Controlling Case:
S: Patient ID: (gy/o □Single/□Married/□Common Law/□Divorced; Children:
HPI & Complaints: [source of information is the patient]
Sleep Problem: ☐None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares
Appetite: □Normal/□Increased/□Decreased; Energy Level: □Normal/□Increased/□Decreased
Mo⊇d: ☐normal ups and downs/□Increased anxiety/□Frequent changes from too euphoric to too depressed/@Hopeless/ □Helpless □Feelings of worthlessness/□Preoccupation with death/□Passive S/I/□Active S/I/□
Suicide Plan/□Tearful/□Worries about health/□Poor concentration/□Racing thoughts//□Difficulty controlling anger
Stressors. I/M regorted he in techny he made of the working
And the second of the second o
Drug History: Alcohol Abuse: □Yes/□No; D.O.C.: □Cocaine/□Heroin/□Marijuana/□Methamphetamine □PCP
Allergies □ NKDA; Seizure d/o: □Yes/□No
Current Psych Medications: □None/□Abilify/□Benadryl/□Celexa/□Depakote/□Effexor XR/ □Elavil/
□Geodon/□Lexapro /□Lithium /□Prozac ☑Remeron/□Risperdal/□Seroquel/□Trazodone/ □Tenex/□Vistaril
□Wellbutrin/□Zoloft/□Zyprexa
Side Effects: ☐ Yes ☐ No
Suicide History: ☐ Denies h/o any past suicide attempt; O: Mental Status Exam
O: Wental Status Exam Appearance ☐ Average, well formed physically ☐ Obese ☐ Poorly groomed
Appearance Di Average, well formed physically Di Obese Di Poorly groomed. □ Facial tattoo, Piercing
Behavior ⊟Cooperative □ Appropriately friendly □ reserved □ Avoidant
Eye Contact □-Normal □ Poor
Speech □ Normal rate, volume, latency, and tone □ Rapid, pressured speech □ Slow
Li increased paucity
Motor □ Without Involuntary movements □ PMA □ PMR □ tremor AIMS SCORE
Mood today is ☐ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric Affect ☐ Full range ☐ Constricted ☐ Blunted ☐ Flat
Affect □ Full range □ Constricted □ Blunted □ Flat □ Mood congruent □ Mood Incongruent
Affect □ Full range □ Constricted □ Blunted □ Flat □ Mood congruent □ Mood Incongruent Thought Processes □ Goal directed linear □ Tangential □ Circumstantial □ L.O.A Thought Perception □ No Delusions □ Delusions □ Illusions
Thought Perception ☑ No Delusions ☑ Delusions ☑ Illusions
Thought Content ☐ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation ☐ Denies, currently stable, NO SI ☐ SI
Homicidal Ideation : ☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight ☐Good ☐ Limited ☐ Poor Judgment ☐Good ☐ Limited ☐ Poor
LAB RESULTS:
ASSESSMENT
Axis 1 Degradu Nos
Axis II 277
Axis III
Axis IV Incarceration Yrs Mos Duncertain about date of parole
Axis V Current GAF =
PLAN □ Labs Ordered RTC: /
Continue current psych med regimen Revise current psych med regimen
☐ Patient noted to show improvement and Rationale for revision / continuing
progress on current medications.
In Still a nel
PATIENT EDUCATION
☐ Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness, risks, benefits, and alternatives to treatment options, most common and
serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
□ sleep hygiene □ compliance □ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.
Print Name: MICHAEL W. MADDOX, M.D. Signature:
MENTAL HEALTH LEVEL OF Name Cannon DOB2/16/5
INTERDISCIPLINARY PROGRESS NOTES CARE CARE CARE
MH 3 [26 March 2006] Confidential Client/Patient Information
See W & Lode Section 5328

	TO CONTROL OF THE PARTY OF THE PARTY OF THE TABLE OF THE	Department of Conservation Center	SME CONTROL SECTION SERVED TO SERVED SECTION OF SECTION SECTIO	itation	不是的
Date: / 0 //2/,20	06 Time: / 4/03 EPRD	: / ///Controlling C	Case:		3
S: Patient ID: 43/0	o □Single/□Married/□Co	ommon Law/⊡Divorce	ed; Children: أكسك	du	·-
	: [source of information i				
Sleep Problem: LAN	one/□Getting to sleep/□	Staying asleep/□Earl	y wakening/□Nightma	res	
Mood Moormal up	/□Increased/□Decrease s and downs/□Increased	o, <u>Energy Lever: LiNo</u> Lanviety/□Eroguent o	rmai/Lincreased/LiDe	ecreased	<u>:</u> :
				eath/□Passive S/I/□Active S/I/□	
Suicide Plan/□Tea	irful/□Worries about heal	th/□Poor concentratio	on/□Racing thoughts//	/□Difficulty controlling anger	
Stressors: I/M r	eperted that he has	been accused of	not taking his me	heatron when he was	
reliestant to ope	in his mouth to be d	ecked. Heglede	of in flamening	Methamphetamine.□PCP	<u>.</u>
Allergies	onoi Abuse:□Yes/□No; I □ NKDA ; Seiz u	J.O.C.: LICocaine/Lif	leroin/∟Marijuana/L⁄M	Methamphetamine LIPCP	
Current Psych Me	dications: □None/□Abi	lifv/DBenadryl/□Cele	xa/□Denakote/□Effe	xor XR/ ΠΕΙανίΙ/	<u>, , , , , , , , , , , , , , , , , , , </u>
□Geodon/□Lexap เชฟellbutrin/□Zolo	ro /□Lithium /□Prozac Œ	Remeron/□Risperdal	//□Seroquel/□Trazod	one/ □Tenex/□Vistaril	
Side Effects:					
Suicide History: [Denies h/o any past sui	cide attempt;			<u>ند</u> : ا
O: Mental Status	Exam				3
Appearance			al tattoo, Piercing		ui Philip
Behavior	☐ Cooperative ☐ Ap	propriately friendly □ :	reserved □ Avoidant		1; ; ; ;
Eye Contact	□ Normal □ Poor □ Normal rate volum	ne, latency, and tone	□ Panid proceured	speech □ Slow	
Speech	Livoimarate, volui	ie, iatericy, and tone	□ Rapid, pressured □ increased paucity		
Motor	☑ Without Involuntar	y movements □ PM	A □ PMR □ tremo	or AIMS SCORE	33 32
Mood today is	□ Euthymic □ Dysp	horic 🗀 Dysthymic	☐ Euphoric	Professional Control of Control of State of Stat	5
Affect:		stricted □ Blunted □ Mood Incongruent			
Thought Processes	☐ Goal directed, line	ar 🛘 Tangential 🗀 C	Circumstantial □ L.O	Ä	9 412 141
Thought Perception	n ☑ No Delusions □	Delusions Illusion	S		
Thought Content	☑ No Hallucinations				
Suicidal Ideation Homicidal Ideation		table, NO SI □ SI sent time; None evide		□ Intent □ Means □ Plan □ Intent □ Means □ Plan	٠.
Insight	☐ Good ☐ Limited			Liment Divides Cirian	
Judgment		□ Poor	ร์เป็นเมาเปลี่ยนรู้ และ กลาร์ก ไม่ก็คือเกมโดน การรัฐ ค เหมนาเกษตร เมืองสัญเกษก (เมืองสามารถ เกษ	alle el 1 anno 1861 let glan a succión del Castella (1870), a considerada (1871). Anno 1870, anno 1871, a considerada a la considerada (1871).	
			ESULTS:		
ASSESSMENT	(6,105				Š
Axis T	٠) ١٠٠٠				
Axis II	□Deferr	ea a la			1
	ation Yrs: Mos:	☐ Uncertain about da	ate of parole	and the second of the second o	3
Axis V. Current C		- Officertain about da	Charles and the same of the sa		100
PLAN		☐ Labs Ordered		RTC: //->/-Q&	
	psych med regimen	☐ Revise current psy	ych med regimen		
	show improvement and	Rationale for revis	sion / continuing		7
progress on curre		1			
1/25	astratad he h	4 10 Submi	10 Moves c	Letes to become	
PATIENT EDUCAT	ION			in and the second of the secon	1.4
	ned Consent Obtained	المراجع	هن يسبب سيسيونس درس سود بين مدين	<u>an an a</u>	· ·
☐ Patient educated a		al illness; risks, benefits,	and alternatives to treat	tment options; most common and	
	☐ compliance ☐ rela		A Section and potent		
☐ Patient refuse	s psych meds, does not i		ea, & Med Refusal for	m is in file.	
	AEL W. MADDOX, M.D.	Signature:	Dulad	Laddope, MO	
and the second of the second o	AL HEALTH		ame: Cunningham,		. ر
	ARY PROGRESS NOTES 6 March 2006]	CARE:			
Confidential Clie	ent/Patient Information	☐ Inpatient ☐ Outpatient	nc# V7232:	3 000 10/2/100	٠,

di sebisik

**	Please TILE
	State of Corrections & abilitation
D-4- 10 1/1000	Sierra Conservation Center Progress Note
SUBJECTIVE: Patio	1 Ime'ly 39 Eace to face intervious Myoo/DNo
HPI & Complaints:	ent ID:(∦y/o (Desingle/
LA teals	to be od a fire of
the feel	- attledes en e tros
الهيديد والمنافي والمراجع والمراجع والمتاب والمتابع والمسترات والمتابع والم	to the state of th
Drug history: Alcon	ol Abuse:□Yes/□No; D.O.C.: □Cocaine/□Heroin/□Marijuana/□Methamphetamine □PCP
Allergies	□ NKDA; Seizure d/o: □Yes/堕No
Current Psych Med	ications: □Benadryl/□Celexa/□Depakote/□Effexor XR/ □Geodon/□Lexapro /□Lithium /□Prozac
LaRemeron/⊌Seroqu	lel/□Trazodone/□Wellbutrin/□Zoloft/□Zyprexa בייל בו בוווייל וואי בייל בו בייל וואיל וואי
Side Effects: □ Ye	$\Pi \cap \mathbb{N}_0$
	Deniés h/o any past suicide attempt;
OBJECTIVE Menta	
Appearance	Average, well formed physically □ Obese □ Poorly groomed □ Facial tattoo, Piercing
Behavior	☐ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	□ Normal □ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☐ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor AIMS SCORE
Mood today is Affect	☐ Euthymic ☐ Dysphöric ☐ Dysthymic ☐ Euphoric ☐ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☐ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☑ Tangential □ Circumstantial □ □ □ O A
Thought Perception Thought Content	□No Delusions □ Delusions □ Illusions □ No Hallucinations □ A.H. □ V.H.
	WILLINO HAIII CIDADODS., 4-1-AMB 3.3 LIVER (CONTROL OF COMPLEY AND ACCOUNT OF COMPLETE CONTROL OF COMPLETE
Suicidal Ideation	(A)=나루(L) 회에 스스트 전문에 있는 그리고 있는 12년 1일 전문 전문으로 2년 2년 2년 2년 2년 2년 1일 전문 시간 1년 1
Homicidal Ideation	☐ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan☐ Denies any, at present time, None evident ☐ HI ☐ ☐ Intent ☐ Means ☐ Plan☐
Homicidal Ideation Insight	☐ Denies, currently stable, NO SI ☐ SI ☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan☐Good ☐ Limited ☐ Poor
Homicidal Ideation Insight Judgment	☐ Denies, currently stable, NO SI ☐ SI ☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan☐ Good ☐ Limited ☐ Poor☐ Good ☐ Limited ☐ Poor
Homicidal Ideation Insight Judgment ASSESSMENT	☐ Denies, currently stable, NO SI ☐ SI ☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan☐Good ☐ Limited ☐ Poor
Homicidal Ideation Insight Judgment ASSESSMENT Axis I	☐ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan☐ Good ☐ Limited ☐ Poor ☐ Good ☐ Limited ☐ Poor ☐ Lab Results:
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SIERRA CONSERVATION CENTER INTERDISCIPLINARY TREATMENT TEAM REVIEW

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Clinical Case Ma	nager U , A		ar a gara san a day an a fara a f	ingham, J.
Signature:	Vygore, Ph		NUMBER: V /2	5 <u>2</u> 3

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7/13/06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
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Case 3:07-cv-02183-DMS-BLM Document 10 Filed 01/22/2008 Page 16 of 86

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REQUEST FOR: MEDICAL DEMENDS	ALCHEAUTH DENTAL	☐ MEDICATION REFILL ☐
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PATIENT SIGNATURE	4523	5-1-111
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Copy for montal 94787 STATE OF CALIFORNIA HEAL. CARE SERVICES REQUEST DRM / DEPARTMENT OF CORRECTIONS CDC 7362 (Rev. 03/04) PART I: TO BE COMPLETED BY THE PATIENT 06 A fee of \$5.00 may be charged to your trust account for each health care visit. If you believe this is an urgent/emergent health care need, contact the correctional officer on duty. REOUEST FOR: MEDICAL TY MENTAL HEALTH TY MEDICATION REFILL DENTAL CDC NUMBER HOUSING PATIENT SIGNATURE RE SERVICES. (Describe Your Health Problem And How Long You Have Had NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT ☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.) PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE Date / Time Received: Received by: Date / Time Reviewed by RN: Reviewed by: Pain Scale: 10 T: P: R: BP: WEIGHT: A: **P**: ☐ See Nursing Encounter Form E: APPOINTMENT **EMERGENCY** URGENT ROUTINE (IMMEDIATELY) (WITHIN 24 HOURS) SCHEDULED AS: (WITHIN 14 CALENDAR DAYS) REFERRED TO PCP: DATE OF APPOINTMENT: COMPLETED BY NAME OF INSTITUTION PRINT/STAMP NAME SIGNATURE / TITLE DATE/TIME COMPLETED

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7/08	700
·	IM apparently responsed by DR Church (note 3/3/x
	to IDIT "fore Review" 7 S. M. J. concern Ro: housing & to gym
	IDTT 4/27/06 Rec: /astron Plan / other In follows:
· · · · · · · · · · · · · · · · · · ·	- Cont. Same tx Plan
	- Cond. CC Mgt F/11 & 30 days (Misclinicaron y el. M. cond. housing Bldg 5)
Light or the other organization	
	- I.M. assessed as "Not EOP" (at IDIT's priore Evalu-
	- I.M. due for TOTT Annual 2 7/21/06
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SIERRA CONSERVATION CENTER INTERDISCIPLINARY TREATMENT TEAM REVIEW

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MENTAL HEALTH INTERDISCIPLINARY PROGRE	SSS NOTES	LEVEL OF CARE	Last Name:	hyphan 2>	
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MH 3 [3/21/96]			V123	23	
Confidential Client/Patient Info See W & I Code, Section 5		Inpatient	CDC#	DO	

Outpatient

DATE	TIME :		COMMENTS (USES	P.E. FORMAT)	
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		Inmate was seen and eva	aluated by Interdisciplin	ary Treatment Team.	·
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STATE OF C	CALIFORNIA	DEPARTMENT OF CORREC	TIONS AND REHABILITATION		

DATE	TIME	COMMENTS (USE S	O.A.P.E.FORMAT)				
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		P.C. 2684 Evaluation and Return — Mental health Treatment/Evaluation — Out To Court					
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	INTERI	DISCIPLINARY PROGRESS NOTES	CUNNINGHAM JAMES				
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STATE OF CALIFORN	DEPARTMENT OF CORRECTIONS AND REHABILITATION:

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State of California, Department of Corrections-Institution:

CHRONOL	OGICAL INTERDISCIPLINARY PROGRESS NOTES All Staff, Clinicians, Treatment Teams.
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MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information
See W & I Code, Section 5328

Outpatient

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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. SCC Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted
	Mild	Mild	Mild	Mild	Mild	 Mild	Mild
	Serious	Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthyrnic .
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sac	Sad	Sad	Sad	Sad	Sad	Sad
	WNI	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	(W)Y	WNL	WNL	MNL"	WNL	WNL	WNL
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Orientation	X1 X2 X3 (X4)	X1.X2 X3 : X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation (yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	goog fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good.fair poor.	good fair poor	good fair poor	good-fair poor	good fair poor-	good fair poor
Med Compliant?	am yes no	am yes 'ng	am yes no	am yes 'no	am yes no	am yes no	am yes no
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Current MHSDS,S	tatus: 💆 CCC	MS DEOP	□МНСВ	Current Place	ement: □ASI	J MOHU	joselanski se er et s
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MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [3/21/96]

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

Inpatient Outpatient

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State of California, Department of Corrections -- Institution: SCC

Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams. ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday.'	Friday	Saturday
Date: 2007	7	8	a	10	11	12	13
Suicidal Ideation	None Notes	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted
	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Serious	Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
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<u> </u>	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
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(WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad.	Broad	Broad.	Broad	Broad,
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted		Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
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Orientation	X1_X2 X3 (X4)	X1-X2-X3-X4	X1 X2 X3 X4	X1. X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
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Sleep						good fair poor	yes no semi good fair poor
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF --CARE

> Inpatient Öutpatient

Eirst Name: ...

State of California, Department of Corrections - Institution: SCC Prior Page Number : ____ All Staff, Clinicians, Treatment Teams. CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: Use Name & Title Stamp. Date/Time: -07 ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE Appearance Behavior Ď WNL D WNL Mood **MNL** Sleep **WNL** Appetite **WNL** Affect ☐ None noted or stated Suicidality 19 None Hallucinations ☑ None **Delusions** 🗖 Helpful Medications Referral to psychiatrist needed Progress of identified problems/needs/issues (see MH2) GOMMENTS: L. Allen, Ph.D Staff Psychologist

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC# V-72323 DOB //
	Outpatient	

Sierra-Conservation Center

Page #

State of California, Department of Corrections - Institution: SCC Prior Page Number: _____

CHRONOL	OGICAL INTERDI	SCIPLINARY PROGRESS NOTES:	All Staff, Clinicians, Treatment Teams.
Date/Time:			Use Name & Title Stamp.
12-29-06	ADMINISTRA	TIVE SEGREGATION CASE MANAC	GER WEEKLY ASSESSMENT/NOTE
	Appearance	15 WNL	
	Behavior	☑ WNL	·
	Mood	IS WNL	
	Sleep	I WNL	
	Appetite	WNL	
	Affect	□/wnL	
	Suicidality	☐ None not	ed or stated
	Hallucinations	☑ None	
	Delusions	□None	
	Medications	☐ Helpful	
	Referral to psychiat	rist needed 🛛	
	Progress of identifie	d problems/needs/jssues (see MH2),	
	COMMENTS:	Deen at cell from	<i>t</i> :
	long fr	in us problems to	report. Uppeared alar
	and calla	Mugher an i	nderdeed visit.
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	'	L. Allen, Ph Staff Psychol	naiet
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		,	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARÈ	Last Name: First Name: MI: Unninghan
MH 3 [3/21/96]	CCCMS	Carri J
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC# V.72323 DOB //
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State of California, Department of Corrections - Institution: SCC Prior Page Number : _____ All Staff, Clinicians, Treatment Teams. CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: Use Name & Title Stamp. Date/Time: ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE **WNL Appearance** U WNL Behavior **WNL** Mood -WNL Sleep **WNL** Appetite U WNL Affect None noted or stated Suicidality □ None Hallucinations None **Delusions** □ Helpful Medications Referral to psychiatrist needed D Progress of identified problems/needs/issues (see MH2) **COMMENTS:** L. Allen, Ph.D Staff Psychologist Sierra Conservation Center Page#

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
 MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V-7 2 3 2 3 DOB _/_/_
	Outpatient	

State of California, Department of Corrections - Institution: SCC

Prior Page Number : _

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: Weekly Summary of Psych Tech Clinical Rounds SCC

All Staff, Clinicians, Treatment Teams.

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DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday .	Saturday	• •
Date: 1/17)(-	17	18	19	20	21	22	23	`
Suicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	Wone Noted	None Noted)
	Mild	Mild	· · · Mild « an	Mild	Mild -	Mild	- Mild	
	Serious	Serious	Serious	Serious	Serious	Serious	Serious	•
Mood [.]	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	•
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	Elated	Elated	Elated	Elated	Elated	Elated	Elated	•
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	
	Sad	Sad	Sad	Sad	Sad	Sad	Sad	
	WNE	WNI	(WNJ)	WHY (WNL)	WNL)	WNL	
Affect	Broad	Broad .	Broad	Broad	Broad.	Broad	Broad	
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	
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	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	,
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	
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Appetite	good fair poor	gøgd fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	1
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MENTAL	HEALTH
INTERDISCIPLINAR	Y PROGRESS NOTES
MH 3	[3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE

Inpatient Outpatient

First Name: Last Name:

Prior Page Number : ____

State of California, Department of Corrections -- Institution: SCC All Staff, Clinicians, Treatment Teams. CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: Use Name & Title Stamp. Date/Time: ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE MNL Appearance WNL Behavior WNL Mood WNL Sleep WNL Appetite WNL Affect None noted or stated Suicidality ☐ None Hallucinations None Delusions Helpful Medications Referral to psychiatrist needed | | Progress of identified problems/needs/issues (see MH2) COMMENTS: L. Allen, Ph.D Staff Psychologist Sierra Conservation Center Page#

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC # $\sqrt{72323}$ DOB//
<u> </u>	Outpatient	

State of California, Department of Corrections -- Institution: SCC

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CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

DEC.	Sunday	Monday	Tuesday	Wednesday	Thursday .	Friday	Saturday
Date: 2006	10		12	13	14	1.5	16
Suicidal Ideation	None Noted	None Noted	None Noted	None-Noted	None Note	lyone Noted	None Noted
•	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Serious	Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Arixious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
(WAR	MNL	MDL /	WNCS	(WNI)	WNL /	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	incongruent -	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Bluntéd
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
7	WIL	WAR	WDL (WNL	(WIN)	WIND	WNL
Orientation	X1 X2 X3 6/4	X1 X2 X3 🚱	X1 X2 X3 🚱	X1 X2 X3(X41)	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2-X3(X4)
Cooperation	yes no semi	ver no semi	ves no semi	yes no semi /	lyes no semi	yes no semi	yes ne semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	(good) fair poor	(good in poor (good fair poor
Appetite	4	good fair poor		(good fair poor	good fair poor		goor fair poor
Нудіеле	/good fair poor	good fair poor	good fair poor	good (air)door	good fair poor	good (air poor/	good jair poor
Med Compliant?	am yes no	am yes no	am yes no	am yes no	am yes no	am yes no	em yes no
Inter Coulthwatter	noon yes no	noon yes no	noon yes no	noon-yes no	noon yes no	noon yes no	noon yes no
	pm yes no	pm yes no	pm yes no	pm-yes no	pri yesho	pm yes no	pm yes no
	hs.yes.no N/A	hs yes no.	NA ves(no)	N/A	hslyes to 7	ns yes no N/A	ns yes ne N/A
Current MHSDS	Status: ZCC	CMS DEOP	_ DMHCB	Current Place	ement: ÆAS	SU DOHU	
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	19C	Top-	Œ	KC.	8	KC	20
Weekly Summary	12/14	7	1/20		3 4 6 6	00/100	0101
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MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328 LEVEL OF CARE

Inpatient Outpatient Lasi Name: First Name: MI:

CDC # V-72323 DOB

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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.
nical Rounds ASU/OHU

·	Sunday			ar reen Chin			ASU/OHU
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date 12 3 / 06	3/		2_	3	4	5	1
Suicidal Ideation	None Noted	Vione-Noted	None Noted	None Noted	None Noted	None Noted	None Noted
	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Serious	Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymić	Euthymic	Euthýmic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry .	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
<u> </u>	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sag	Sad
	WILL	(WND)	WNL	WNL	WNZ		WND
Affect	Broad	Broad	Broad -	Broad.	Broad .	Broad.	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted -
	Flat	Flat	Flat	Fiat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	incongruent	Incongruent	
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Incongruent Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile		
	WNL a	WJL (WND		WNL	Hostile WNL	WNL
Orientation '			X1 X2 X3 X4'	X1 X2 X3 X4			
Cooperation		-			yes no semi	X1 X2 X3(X4)	X1 X2 X3(X4)
Sleep	good fair poor				good air poor	١	yes no semi
Appetite /	good fair poor	· · · · · ·	good fair poor		1		
			good fair poor		good fair poor		good fair poor
	1		am yes no	am yes no			good fair poor
		TOOR yes po	noon ves no	noon yes no	am yes no noon yes no	am yes no nopn yes no	am yes no
	pm yes no	pm ves 10	pm yes no	pm yes no /	pm ves no / /	pm yes no	pm yes no
	hs yes no N/A	nya yesho	hs ves no	hs yes no	hs yes no	hs yes no	hs yes no
				N/A '	N/A	N/A	N/A
Current MHSDS S	tatus: ØCCC	MS DEOP	□МНСВ	Current Place	ement: -⊒ASI	Ú DOHU	
Referral	MD CM MTA	ую су мта	MD CM MTA			<u> </u>	MD CM MTA
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Signature		\times (1//) \triangleleft	\times (' $_{\sim}$	1 K ($1 \times C$	KC]
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Weekly Summary	. 1 7		,				
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MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328 LEVEL OF CARE

Inpatient Outpatient Lasi Nama First Name:

ASU/OHU-

State of California, Department or Corrections - Institution: SCC

Prior P	age Nu	mber :	

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. SCC Weekly Summary of Psych Tech Clinical Rounds

	Sunday	Monday	Tuesday	Wednesday	Thursday	Esidov	Saturday
DEC	Gunday	Moriday	ruesday	vveunesday	Thursday	Friday	Saturday
Date: 2900	24	25	26	27	28	29	30
Suicidal Ideation	None Noted	None Noted	None Noted	None-Noted	None Noted	None Noted	None Noted
	Mild	Mild 75	Mild	Mild	Mild	1 4:14	Mild
	Serious	Serious	Serious	Serious	Serious	Mild Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
MOOG	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated.	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
<u>.</u>	Sad	Sad	Sad	Sad	Sad	Sad	Sad
·	WND	WNI	WNL /	WNL	WNL	WNL /	WNL
Affect	Broad	Broad	Broad			<u> </u>	Broad
Allect				Broad	Broad \(\frac{1}{2}\)	Broad	<u> </u>
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
·	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNI)	WNU C	WNL)	WNL	MNL	WNL	WINI
Orientation	X1 X2 X3 (X4)	X1 X2 X3 X4	1	X1 X2 X3 X4	X1 X2 X3 X4	XXX2 X3/X4	X1 X2 X3 (4)
Cooperation	(yes)no semi	yes no semi	yes no semi (yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good)fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good)fair poor		good fair poor	1	good fair poor	good fair poor
Med Compliant?	am yes no	am yes no	am yes no	am yes no	am yes no	am yes no	am yes no
	noon yes no	noon yes no	poon yes no	poon yes no	BOOT YES/10	noon yes no	npon yes no
	ply yes no	pm yes no	prinyes do	pm yes no	phyestop /	pm yes no	proves no
	hs yes no N/A	hs yes no N/A	hs yed ro	hs yes no /	Instyer no	hs yes no	hs yes no N/A
					NA .	1 U.S.	
Current MHSDS	Status: 🗗 CC	CMS □EOP	□МНСВ	Current Place	ement: 🗚	SU DOHU	
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	мо см мта	мр см мт	MD CM MTA
Signature	1	4	TX.	20	10	10/1	AM
						1/	1/3
Weekly-Summary		1/					
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MENTAL HEALTH							
INTERDISCIPLINARY PROGRESS NOTES							
	MH 3 [3/21/96]						

Confidential Client/Patient Information See W & I Code, Section 5328.

LEVEL OF CARE

Inpatient Outpatient

Prior Page Number : ___ State of California, Department of Corrections - Institution: SCC CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Use Name & Title Stamp. Date/Time: ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE WNL Appearance WNL Behavior WNL Mood 2 WNL Sleep **WNL** Appetite . ☐ WNL Affect ☑ None noted or stated Suicidality ☑ None Hallucinations None **Delusions** Helpful Medications Referral to psychiatrist needed Progress of identified problems/needs/issues (see MH2)

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI	:
MH 3 [3/21/96]	CCCMS		. :
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V-72323 DOB_/_/	
	Outpatient		

Page #

State of Cerrinia Department of Corrections & nabilitation
Sierra Conservation Center Progress Note
Date: 2 /1. / 2006 Time: (3) EPRD: / //YControlling Case:
S: Patient IDy Sy/o \(\text{Single} \) \(\text{Married} \) \(\text{Common Law} \) \(\text{Divorced}; \(\text{Children} : \)
HPI & Complaints: [source of information is the patient] Sleep Problem: ☐None/□Getting to sleep/□Staying asleep/□Early wakening/□Nightmares
Appetite: DNormal/Dincreased/Decreased; Energy Level: DNormal/Dincreased/Decreased
Mood: ☑normal ups and downs/□Increased anxiety/□Frequent changes from too euphoric to too
depressed/ Depress Deelings of worthlessness Deeclings of worthlessness Decupation with death Dessive S/I/Dective
Suicide Plan/ Tearful Worries about health Poor concentration Racing thoughts / Difficulty controlling anger
Stressors: I/a tapated the is con were but is not
wetter his week hat at worth it. He is look-
Land to Wanter
Drug History: Alcohol Abuse: ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP
Allergies □ NKDA; Seizure d/o: □Yes/□No
Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/
□Lexapro /□Lithium /□Paxil /□Prozac/□Remeron/□Risperdal/□Seroqyel/□Trazodone/ □Tenex/□Vistaril
□ Wellbutrii
Side Effects: ☐ Yes ☐ No
Suicide History: ☐ Denies h/o any past suicide attempt;
O: Mental Status Exam
Appearance
Behavior ☐ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact Proor
□ Hormal rate volume latency and tone. □ Rapid pressured speech □ Slow
□ increased paucity
Motor
Mood today is
Affect □ Full range □ Constricted □ Blunted □ Flat
☐ Mood congruent ☐ Mood Incongruent
Thought Processes Goal directed, linear Tangential Circumstantial L.O.A.
Thought Perception ☐ No Delusions ☐ Delusions ☐ Illusions Thought Content ☐ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation
Homicidal Ideation
Insight
Judgment □Good □ Limited □ Poor
LAB RESULTS:
ASSESSMENT
Axis 1 Depusying de 10
Axis II Deferred
Axis III
Axis IV Incarceration Yrs: Mos: Uncertain about date of parole.
Axis V Current GAF = ☐ Labs Ordered RTC:
☐ Continue current psych med regimen ☐ Revise current psych med regimen
D Patient noted to show improvement and
progress on current medications. Rationale for revision / continuing:
7/4-5/2/14
PATIENT EDUCATION
☐-Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and
serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
☐ sleep hygiene ☐ compliance ☐ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.
Print Name: MICHAEL W. MADDOX, M.D. Signature:
MENTAL HEALTH LEVEL OF Name: (White Lam, Jane) DOB2-/6-5 INTERDISCIPLINARY PROGRESS NOTES CARE:
2010 200 22 1 00003
Confidential Client/Patient Information Service Section 5328 Date: 12-11-66

State of California, Department of Corrections -- Institution: SCC Prior Page Number : _____

CHRONOI	OLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Tro	eatment Teams.
Date/Time:	e: Use	Name & Title Stamp.
12-8-08	${\mathcal X}$ administrative segregation case manager weekly assessn	IENT/NOTE
	Appearance UWNL	· · · · · · · · · · · · · · · · · · ·
	Behavior UWNL	
	Mood I WNL	
	Sleep DWNL	
	Appetite WNL	
	Affect	
	Suicidality None noted or stated	
	Hallucinations	en de la companya de
	Delusions	
	Medications	
	Referral to psychiatrist needed	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Senat cell front:	
	long fine no problems to report. Up	servel
	init	ma
	H.A.	·
	L. Allen, Ph.D	· · · · · · · · · · · · · · · · · · ·
	Staff Psychologist	
	Sierra Conservation Center	
1.		Page#

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name:	First Name:	MI:
MH 3 [3/21/96]	CCCMS			
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	1	2323 DOB	
	Outpatient			

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.

		-		h Lech Clini	-		ASU/OHU
Dec	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	3	-4	5	10	1		9
Suicidal Ideation	None Noted	(None Noted	None Noted	None-Noted	None Noted	None Noted	None Noted
	Mild	Mild	Mild	Mild (Mild	Mild	Mild
	Serious	Serious	Serious	Serious	Senous	- Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry .	Angry	Angry	Angry
	Elated	Elated	Elated.	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed .	Depressed	Depressed	Depressed
	See	Sad	Sad	Sad	Sad	Sad	Sad
(WAL	WINL /	WNI)	WNE C	WNL) -C	WNL	WNL
ffect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted ***	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent .	Incongruent	Incongruent	incongruent	Incongruent
	Blunted.	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hastile	Hostile	Hostile	Hostile.	Hostile	Hostile
	WNI)		WWW C	WND	WNL (WNL	WNL)
rientation		X1. X2. X3 (4)	X1 X2 X3 X2.	X1 X2 X3 X4	X1 X2 X3/X4	X1 X2 X3 (X4	X X2 X3 X4
Cooperation		2-9	ves no semi		yes no semi	yes no semi	yes) no semi
				good fair poor			good fair poor
· · · · · · · · · · · · · · · · · · ·	good fair poor		1 T			good air poor	1
Hygiene /	good fair poor	good fair poor	good fair poor	lgood air poor	good fair poor		good fair poor
		good fair poor	good air poor	good air poor	good fair poor		good fair poor
Med Compliant?	noon yes no	noon yes no	am yes no noon yes no	am yes no	am yes no	am yes no	am yes no
· · · · · · · · · · · · · · · · · · ·	pm yes no	pm ves no	pm yes no	pm yes no	but hes uo	noon yes no pm yes no	pm yes no
	hs yes no N/A	hs yes no N/A	ns ves no	hs yes no N/A	hs vestor	hs yes no	ns yes no
Current MHSDS S	Status: DCC	CMS DEOP	.□MHCB	Current Plac	ement: DAS	L DOHU	1
	/	1	10.	3 3		1	
Referral		MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
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Weekly Summary	1066	1/00	1 1 1	<u> </u>		1	<u> </u>
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE	Last Hame: First Name: M!:	
Confidential, Client/Patient information See W. & I. Code, Section 5328,	Inpatient Outpatient	CDC # V.72323 DOB_/_/_	

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.

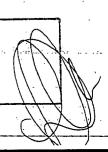
MOD-Dec.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date: 2006	11/20	ルタフ	11/28	11/29	1130	12/1	12/2	
Suicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	Mone Noted	
	Mild Serious	Mild	Mild	Mild	Mild	Mild	Mild Serious	
84		Serious	Serious	Serious	Serious	Serious		
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	
	Angry	Angry	Angry	Angry	Angry	Angry	Angry	
	Elated	Elated	Elated	Elated	Elated	Elated	Elated	
	Anxious.	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	•
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	
a serial programme of the serial seri	Sad	Sad	Sad	Sad	Sad	Sad	Sad	
	WNI/	MNK C	WNL /	WNE (WŃL (WNL)	WNL /	
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad	da ya katikitan . Kabi t
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	
	Flat	Flat # 1995	Flat	Flat	Flat	Flat	Flat	
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	•
k digital di terretakan di bermanan di Bermanan di bermanan di be	Blunted	Blunted Colors	Blunted	Blunted	Blunted	Blunted	Blunted	
	Hostile -	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	
The fact of the same of the sa	W.M.	WYL C	WNL)	(WN)	WNE	WNI	WN	
Orientation	X1 X2 X3 (X4)	X1 X2 X3 84	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	
Cooperation	yes no semi	ves no semi	yes no semi	yes no semi	ves no semi	yes do semi	yes po semi	transport
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor,		good air poor	
	good fair poor		7	<u> </u>	good fair poor	geod fair poor	good fair poor	
Appetite	+ -/	good fair poor	<u> </u>	good fair poor	<u> </u>			
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor		-
Med Compliant?	am/yes no	am yes no	am yes no	am yes no	am yes no noon yes no	am yes no	am yes no	
A CONTRACT OF A CONTRACT OF	pm yes no	pm ves no	pm yes no	proves no	dm ves do	DO YOU NO'	en yes no	
	hs yes no	hs yes no	heves no	hs ves no	hspes no	hs yes no	hs yes no	r <mark>y na valenda</mark>
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Current MHSDS	Status: XCC	CMS □EOP	□МНСВ	Current Place	cement:	SU DOHU		
Referral	MD. CM. MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MT	A MD CM MTA	
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Signature	Jam	Jan	KC.	Jen-	Hen	*Coun	QXC	
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Weekly Summary	Sche	dules.	In Iso	1-11-29				
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	12/2/06	Im	strule	- In	io ac	ile_n	rental	
	dist	Less	this -	rme.	Steam	nell	CA	
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MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [3/21/96]

Confidential Client/Patient Information See W & 1 Code, Section 5328. LEVEL OF CARE

Inpatient Outpatient Last Name: First Name: MI:

CDC # V. 72323 DOB_



Clinical Summary Outline for 1CC

Inmate Name and CDC#	Commanda 1/7 2313
Date placed in AD/SEG	
a Documented reason(s) for placement in AD/SEG	Safety
b. Inmate's perception of incident	
Type of Review (circle one)	114-D Review Initial ICC 30-day Review RVR
Single cell/Double cell suitability (circle one)	Single cell Double cell
a. Apparent ability to understand Due Process, including the disciplinary and classification process (circle one)	Yes No Unable to determine
b. Needs staff assistant.	Yes
MHSDS current Level Of Care (circle one)	Non-patient CCCMS) EOP MHCB
Date first included in the MHSDS	
Response to treatment (circle one)	Poor Fair Good Medication complaint non-complaint Unable Unwilling
Behavioral Alerts	Suicidal behavior/risk Assaultive behavior/risk Vulnerable (likely to be victimized) ADL adequate Needs assistance
IDTT Recommendation for Level of Care (circle one)	Non-patient CCCMS EOP MHCB
Prognosis for stabilization, if AD/SEG placement continues (circle one)	Poor Guarded Fair Good
IDTT Recommendation for alternative placement (circle one)	CCCMS (GP) L4 EOP PSU DMH
IDTT RecommendationOther	
date and action: 1/30/06 Jold pending	tiansfer
nate behavior during ICC and response to ICC action:	stated, angu, understood
st ICC scheduled for:	
decision overruled IDTT recommendation for alternative plants	acement. Special Review is scheduled for:

ASU INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 1 1 0 1 06	
Members present: () Lyllen, Ph.D () R. Otto, Ph.D () L. Brady, LPT () L. Day, LPT Inmate attended () C/O Grace () CC Esquer () CCII	Reason for Review: Initial Review
Administrative Segregation Issues (if applicable)	
Date of AD SEG Placement: Initial Reason for Placement:	ICC Date: Next ICC Date:
Current AD SEG Disp:	
Pertinent Case Factors Discussed: ()	Treatment Plan Reviewed and Signed
Team Input/Recommendations: ()	Not Applicable
Action Plan () ()	See. Treatment Plan
	Lambura.
() Appropriate Chrono Completed	Next Review Date ()
Clinical Case Manager: (circle one) I. Allen, Ph.D. Signature:	None INMATE: (UNITY) han
IDTT AdSeg.dob	

State of California, Department of Corrections -- Institution: SCC Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Team

CHRONOL	OGICAL INTERDISCIPLINARY PROGRE	SS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:		Use Name & Title Stamp.
11-29.01	ADMINISTRATIVE SEGREGATION O	CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance	J WNL
	Behavior	D WNL
	Mood	DWNL
	Sleep	WNL
	Appetite	d wnl
	Affect	 ₩NL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	□ None
	Medications	□ Helpful
	Referral to psychiatrist needed	
	Progress of identified problems/needs/issues	(see MH2)
	COMMENTS:	
	Battered on SCII	- Basscally doing fruis
	not too upsit. Say	s it was just polities.
	Discussed ASU iss	ues A
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		- () ()
		V · ·
<u> </u>	<u>in the second with the second control of th</u>	Page:#

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name:	First Name:	MI: Jame
MH 3 [3/21/96]	CCCMS	. [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC # V-7	2323 DOB	1 1
	Outpatient	1		

State of California, Department of Corrections -- Institution: SCC Prior Page Number: CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Date/Time: Use Name & Title Stamp. 11-28-06 ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE Appearance WINE Diges are Behavior D-WNL Mood D-WNL Sleep □ WNL Appetite WNL WNL Affect WNL Suicidality None noted or stated ☑ None Hallucinations None **Delusions** Medications □ Helpful Referral to psychiatrist needed -Progress of identified problems/needs/issues (see MH2) COMMENTS: L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI: Cunninghan, ames
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC#-V-7 2-3 2-3 DOB / /
	Outpatient	

State of California, Department of Corrections - Institution: SCC Prior Page Number: CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Weekly Summary of Psych Tech Clinical Rounds ASU/OHU Sunday Monday Tuesday Wednesday Thursday Friday Saturday None Noted None Noted None Noted None-Note one Noted None Noted None Noted - Mild Mild. Mild Mild Mild Mild .. Mild: Serious Serious Serious Serious Serious Serious Serious Mood Euthymic Euthymic Euthymic Euthymic Euthymic Euthymic Euthymic Angr Angry Angry Angry... Angry. Angry ... Angry Elated Elated Elated Elated. Elated Elated Elated Anxiou Anxlou Anxious Anxious Anxious Anxious Anxious Depressed Depressed Depressed: Depressed Depressed Depressed Depressed Sad Sad Sad Sad-Sad Sad Sad WNL WN WND WNL WNL WNL. WNL Affect Broad Broad Broad Broad Broad Broad Broad Restricted Restricted Restricted Restricted Restricted Restricted Restricted Fiat **H**lat Flat, Flat Flat Flat Flat incongruent ncongruent Incongruent Incongruent Incongruent Incongruent Incongruent Blunted Blunted Blunted Blunted. Blunted Blunted Blunted Hostile dostile Hostile Høstile Hostile Hostile Hostile WNL WNE WAK WNL) WN. WNE Orientation X1:X2:X3 X1 X2 X3 X4 X1 X2 X3(X4 ×1 X2 X3/X X1 X2 X3 X4 X1 X2 X3 X1 X2 X3 X4 Cooperation yes no semi jo semi yes do semi ves no semi no semi yes no semi no semi Sleep good fair poor good fair poor good feir poor good fair poor good fair poor good fair poor good fair poor Appetite good fair poor good fair poor good fail poor good fair poor good fair poor good fair poor good fair poor Hygiene good fair poor good fair hoor good fair poor good fair poor good fair poor good fair poor good/fair poor Med Compliant? am/yes no am yes am yes ino am yes no am yes no am yes no noon yes noon ves no noon yes no noon yes no noon yes no pm yes no: s no pm yes no pm yes no pm yes no s yes no. hs yes no hs yes no: N/A Current MHSDS Status: CCCMS DEOP MHCB Current Placement: VASU -DOHU MD CM MTA MD CM MTA MD CM MTA MD, CM, MTA CM MTA MD CM MTA Signature Weekly Summary

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MENTAL HEALTH	LEVEL OF	Last Name: First Name:	MI:
INTERDISCIPLINARY PROGRESS NOTES	CARE	n New Assertation	
MIH 3 [3/21/96]	al on her was enthal and dissibilization and a second by a	Lunningham	
Confidential Client/Patient Information	. Inpatient .	land a	
See W & 1 Code, Section 5328	Outpatient	GDC # V- 72323 DOB	<i>i</i> -
	,		

State of California, Department of Corrections - Institution: SCC Prior Page Number : ____ CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Date/Time: Use Name & Title Stamp. ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE Appearance Q-WNL D WNL Behavior WNL Mood WNL Sleep 3 WNL Appetite D WNL Affect Suicidality None noted or stated None Hallucinations None **Delusions** Medications ☑ Helpful Referral to psychiatrist needed Progress of identified problems/needs/issues (see MH2) COMMENTS: L. Allen, Ph.D Staff Psychologist Sierra Conservation Center Page #

MENTAL HEALTH	LEVEL OF	Last Name:	First Name:	MI:
INTERDISCIPLINARY PROGRESS NOTES	CARE		`/	
MH 3 [3/21/96]	CCCMS	Cun	ninghan	
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC# V.	71323 _{ров 1}	
	Outpatient			

<u>ใน คือ เสมาชน์ สิ่งที่และสารส่วน</u>	March 1909 Brook Brook Company
	State of Ca., hia Department of Corrections & Fabilitation Sierra Conservation Center Progress Note
Date: 11 1/4/20	006 Time:/ 3.30 EPRD: / ///Controlling Case:
S: Patient ID: 4 4 V	o □Single/□Married/□Common Law/□Divorced, Children:
HPI & Complaints	s: [source of information is the patient]
	None/□Getting to sleep/□Staying asleep/□Early wakening/□Nightmares
	I/□Increased/□Decreased; Energy Level: □Normal/□Increased/□Decreased
	os and downs/□Increased anxiety/□Frequent changes from too euphoric to too
depressed/MHone	eless/. ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐
Suicide Plan/DTe:	arful/□Worries about health/□Poor concentration/□Racing thoughts//□Difficulty controlling anger
Stressors	In regorded he in taking his male + the working
	A STATE OF THE PROPERTY OF THE
Dana History: Alc	ohol Abuse: □Yes/□No; D.O.C.: □Cocaine/□Heroin/□Marijuana/□Methamphetamine □PCP
Allergies	□ NKDA; Seizure d/o: □Yes/□No
Current Psych Mo	edications: None/ Abilify/ Benadryl/ Celexa/ Depakote/ Effexor XR/ Elavil/
□Geodon/□Lexar	oro /□Lithium /□Prozac @Remeron/□Risperdal/□Seroquel/□Trazodone/ □Tenex/□Vistaril
□Wellbutrin/□Zolo	
Side Effects:	
	□ Denies h/o any past suicide attempt;
O. Mental Status	
	☐ Average, well formed physically ☐ Obese ☐ Poorly groomed
Appearance	□ Facial tattoo, Piercing
Behavior	☐ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	⊡-Normal □ Poor
Speech	□ Normal rate, volume, latency, and tone □ Rapid, pressured speech □ Slow
	□ increased paucity
Motor	□-Without Involuntary movements □ PMA □ PMR □ tremor AIMS SCORE
Mood today is	☑ Euthymic □ Dysphoric □ Dysthymic □ Euphoric
Affect	☐ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☐-Mood congruent ☐ Mood Incongruent
Thought Processe	
Thought Perceptio	
Thought Content : Suicidal Ideation	☐ No Hallucinations □ A.H. □ V.H. □ SI □ Intent □ Means □ Plan
Homicidal Ideation	
Insight	☐ Good ☐ Limited ☐ Poor
Judgment	Good □ Limited □ Poor
	LAB RESULTS:
ASSESSMENT	AND AND THE STATE OF A
	55, Ld6 NOS
Axis II	□ -Deferred
Axis III	
Axis IV Incarcer	ation Yrs: Mos: □ Uncertain about date of parole
Axis V Current	
PLAN	☐ Labs Ordered RTC: /
	t psych med regimen
	show improvement and
(4) おけいことが知じてきませるがらいことは1997年ます。	rent medications. Rationale for revision /:continuing:
Like Like	- Splen a next
PATIENT EDUCA	TION TO THE REPORT OF THE PARTY
	med Consent Obtained
	about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and
	ts discussed including but not limited to carbohydrate metabolism and potential suicidality.
	e 🛘 compliance 🗖 relapse prevention 🛴 🚜 🔭 😘 😘 😘 😘 😘 😘 😘 😘 😘 😘 😘 😘 😘
□ Patient refus	es psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.
Print Name: MICH	IAEL W. MADDOX, M.D. Signature:
于。2013年1月20日 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Wichael Laddore, MO
	TAL HEALTH, LEVEL OF Name County for Jane DOB2/16/5
Don't feel for a second of the	ARY PROGRESS NOTES 26 March 2006]
	lient/Patient Information
	Code Section 5328 Date 1 - (c-0)c

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		nia Department of Corrections & Conservation Center Progress Note :	itation
Date: / 0 /22/2000	6 Time / L/42 FPF	RD: / //Controlling Case:	
S: Patient ID: 47/0	□Single/□Married/□	Common Law/□Divorced; Children: أواد المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا	
HPI & Complaints:	Isolirce of information	n is the patient]	
Sleen Problem (A)No	ne/DGetting to sleen	/□Staying asleep/□Early wakening/□Nightma	
Appetite Approal/	Tincressed/Cipecress	ing asieep/□Early wakerling/□Inignithatised; Energy Level: □Normal/□Increased/□De	res
Mood Phormal ups	and downs/Dincrose	ed anxiety/□Frequent changes from too eupho	creased
depressed/THopele	ss/ DHalplace DEcal	ed anxiety/Driequent changes from too eupho	OFFICE TO TOO
Suicide Plan/DTearf	ul/DMorries about be	ings of worthlessness/□Preoccupation with de alth/□Poor concentration/□Racing thoughts//I	atn/LiPassive S/I/LiActive S/I/Li
Stressors 7/M x a	To by H T L T	aut/DPOOR Concentration/DRacing thoughts//	Juincuity controlling anger
111111111111111111111111111111111111111	Perior har ren	a been accused of not taking his the clerked. He feele it in hamesuring	destron when he was
Drug History Alcoh	Ol Abuse TVos/TNo	D.O.C. □Cocaine/□Heroin/□Marijuana/□M	
Allernies	OLYDOSCITICS/TIMO	zure d/o: □Yes/□No	etnampnetamine LIPCP
Current Psych Med	ications: □None/□A	bilify/∰Benadryl/□Celexa/□Depakote/□Effex	- VD/ DEI- W
□Geodon/□Lexapro ŒWellbutrin/□Zoloft/	⊢/□Lithium /□Prozac	ышушты наступы сетехалы реракстелы пех ☐Remeron/□Risperdal/□Seroquel/□Trazodo	or XR/ □Elavii/ one/ □Tenex/□Vistaril
Side Effects: □ Ye			
		ujoido attomati	
O: Mental Status E	vam	uicide attempt	
1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999			
Appearance	ப் Average, well for	med physically: □ Obese: □ Poorly groomed	er og skriver i forskriver i skriver i s Degensk men i skriver i skrive
Behavior	D Coonsider 17 A	☐ Facial tattoo Piercing	
Eve Contact	□ Normal □ Poor	ppropriately friendly:□ reserved □ Avoidant:	
[작년] 중 중 등 기계를 하는 다음이다.			
Speech	a Normaliate, voit	ume, latency, and tone □ Rapid, pressured s	peech Li Slow
Motor	☑ Without Involunt:	☐ increased paucity ary movements ☐ PMA ☐ PMR ☐ tremoi	AIMS SCORE
Mood today is	D-Futhymic □ Dv	sphoric □ Dysthymic □ Euphoric	AINS SCURE
Affect	☐ Full range ☐ Co	nstricted □ Blunted □ Flat	
	T/Mood congruent	☐ Mood Incongruent	
Thought Processes	☐ Goal directed lin	ear □ Tangential □ Circumstantial □ L.O.	Δ
Thought Perception	☑ No Delusions 「	□ Delusions □ Illusions	
Thought Content	No Hallucinations	S DAH DVH	
Suicidal Ideation		stable, NO SI □ SI	□ Intent □ Means □ Plan
Homicidal Ideation		esent time, None evident □ HI	☐ Intent ☐ Means ☐ Plan
Insight	☐ Good ☐ Limite	d □ Poor	The state of the s
Judgment		d D Poor	itt og som for etter er sin til stædet filmligt for i lænderskriver blev p
the state of the s		LAB RESULTS:	i de Maria de Caracteria de Caracteria de la Contrada de Caracteria de Caracteria de Arte de Caracteria de Car O describir de Caracteria d
ASSESSMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A CONTRACTOR OF THE STATE OF TH
Axis	55he 16 NOS		
Axis II	☐ Defe	rred	i i kan di kalinggan di Pangangan ng Kaling di Kaling di Kaling. Pangan di Kaling di Pangan di Pangan di Panga Pangan kan di Kaling di Pangan di Kaling di Pangan
Axis III			
The state of the s	on Yrs: Mos:	☐ Uncertain about date of parole.	and the second s
Axis V Current GA			
PLAN	55	☐ Labs Ordered F	RTC: //->/-26
Continue current pe	sych med regimen	☐ Revise current psych med regimen	RTC: 11-21-06
☐ Patient noted to sh	ow improvement and	The Articles Control of the Control of Contr	
progress on curren		Rationale for revision / continuing:	
	stratul Le	b () b ()	
had be	inferior and the state of the s	my to Submit to moved the	els to kerpour
PATIENT EDUCATIO)N	The second secon	erior (1911) il parte i contra Medicina della Maria Medicina della Maria Medicina della Maria Medicina della M Maria della maria della ma
☐ Medication Informe			
☐ Patient educated abo	out the nature of his mer	ntal illness; risks, benefits, and alternatives to treatn	ant entions, mist
serious side effects d	liscussed including but	not limited to carbohydrate metabolism and potentia	lent options, most common and
☐-steep hygiene	☐ compliance ☐ re	lapse prevention	ii Sulcidanty.
☐ Patient refuses i	psych meds does no	t meet criteria for Keyhea, & Med Refusal form	nie in file
Print Name: MICHAE	L W. MADDOX M D	Signature:	FIG. 81 HIC. Community (Sec. 2014)
		Olymature.	- Llow MD
MENTAL	HEALTH	LEVEL OF Nome	BOD /
INTERDISCIPLINARY	Y PROGRESS NOTES	LEVEL OF Name: Canningham	DOBZ/6/18
MH 3 [26 N	March 2006]	□ Inpatient	
Confidential Client	IMPRIANT Information		
The state of the s		U-Outpatient Cho # V / 2 < 2 3	Data //)/23/20C
3ee vv & 1 Coo	le, Section 5328	□ Outpatient CDC # V / 23 2 3	Date: [0/22/06]

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sierra Conservation Center, Progress Notes
Date: [0 //6/200	In Time 15 A Face to face intension, FRV - IDA
0000E0117E. 1 8(1)	GILLID-94 V/O LEOINGIE/L IVISITIEN/I ICOMMON Law/C Divorced Children . Z
Goog plants.	(source of information is the patient)
It tepls	La hard hor en un the offer non
The tee	attledgence From Y.
Drug History: Alcol	hol Ahuse: TVec/TNe: DOC: TC/TH
	hol Abuse:□Yes/□No; D.O.C.: □Cocaine/□Heroin/□Marijuana/□Methamphetamine □PCP
Allergies	□ NKDA; Seizure d/o: □Yes/堕No
Current Psych Med	dications: DBenadry//DCelexa/DDenakote/DEffeyor VP/ DCcodes/DL
☐Remeron/☐Serog	uel/□Trazodone/□Wellbutrin/□Zoloft/□Zyprexa هـر المالية الما
<u> 1800 - Francis III (n. 1864) 1860 - Francis II</u>	是简单的,他们还在大块的。但是是这种的,这个人,也是是一个人的,我们就是一个人的,我们就是一个人的,我们也不会不会的。这个人的,我们也不会不会的,我们也是一个人
Side Effects: ☐ Y	
Suicide History: L	Denies h/o any past suicide attempt;
OBJECTIVE Menta	al Status Even
	Average, well formed physically. Obese: Poorly groomed
Appearance	□ Pacial tattoo, Piercing
Behavior	☐ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	□ Normal □ Poor
Speech	☑ Normal rate, volume, latency, and tone □ Rapid, pressured speech □ Slow
Motor	□ increased paucity
Mood today is	☐ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor AIMS SCORE ☐ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☐ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☐ Mood congruent ☐ Mood Incongruent
Thought Processes	□ Goal directed, linear □ Tangential □ Circumstantial □ □ O A
Thought Perception	LUNo Delusions □ Delusions □ Illusions
Thought Content. Suicidal Ideation	□ No Hallucinations □ A.H. □ V.H.
Homicidal Ideation	☐ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan☐ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan☐
Insight	□ Denies any; at present time, None evident □ HI □ Intent □ Means □ Plan □ Good □ Limited □ Poor
Judgment	☐ Good ☐ Limited ☐ Poor.
Addition was been by	LAB RESULTS:
ASSESSIVIENI	Andrew of the control
Axis I Day	~ 010 AP 1
Axis III	
	☐ Deferred
Axis IV Incarcerati	ion Yrs: 2_Mos: □ Uncertain about date of parole.
Axis IV Incarcerati Axis V Current GA	ion Yrs: 2_Mos: □ Uncertain about date of parole.
Axis IV. Incarcerati Axis V. Current GA PLAN □ Continue current p	ion Yrs: 2_Mos: □ Uncertain about date of parole. IF = □ Labs Ordered RTC: Sych med regimen. □ Revise current psych med regimen.
Axis IV Incarcerati Axis V Current GA PLAN □ Continue current p □ Patient noted to sh	ion Yrs: 2_Mos: □ Uncertain about date of parole. AF =
Axis IV. Incarcerati Axis V. Current GA PLAN □ Continue current p	ion Yrs: 2_Mos: □ Uncertain about date of parole. AF =
Axis IV Incarcerati Axis V Current GA PLAN □ Continue current p □ Patient noted to sh	ion Yrs: 2_Mos: □ Uncertain about date of parole. AF =
Axis IV: Incarcerati Axis V: Current GA PLAN □ Continue current p □ Patient noted to sh □ progress on curren	ion Yrs: 2 Mos: Uncertain about date of parole. F =
Axis IV Incarcerati Axis V Current GA PLAN □ Continue current p □ Patient noted to sh □ progress on curren PATIENT EDUCATIO	Ion Yrs: 2_Mos: □ Uncertain about date of parole. AF = □ Labs Ordered
Axis IV: Incarcerati Axis V: Current GA PLAN Continue current p Patient noted to sh progress on curren ATIENT EDUCATIO Medication Informe	Ion Yrs: 2 Mos: □ Uncertain about date of parole. AF = □ Labs Ordered
Axis IV: Incarcerati Axis V: Current GA PLAN Continue current p Patient noted to sh progress on curren PATIENT EDUCATIO Medication Informe Patient educated abooserious side effects of	ion Yrs: 2 Mos: Dincertain about date of parole. AF =
Axis IV. Incarcerati Axis V : Current GA PLAN Continue current p Patient noted to sh progress on curren PATIENT EDUCATIO Medication Informe Patient educated abo serious side effects of	Ion Yrs: 2_Mos:::: □ Uncertain about date of parole. AF =
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Axis IV Incarcerati Axis V Current GA PLAN Continue current por progress on current p	ion Yrs: 2 Mos: Dincertain about date of parole. AF =
Axis IV Incarcerati Axis V Current GA PLAN Continue current por progress on current p	ion Yrs: 2_Mos: Uncertain about date of parole.
Axis IV Incarceration Axis V Current GA PLAN Continue current purpose on current purposes on current purpo	ion Yrs: 2_Mos:: □ Uncertain about date of parole NF =
Axis IV Incarceration in Axis IV Current GA PLAN Continue current purpose on current purposes on current in Axis IV Current in	In Yrs: 2 Mos: Uncertain about date of parole Sych med regimen
Axis IV. Incarceration in Axis IV. Incarceration in Axis V. Current GAPLAN Continue current purpose in Current in Axis V. Current purposes on current in Axis Interdisciplinary in Axis Izan Interdisciplinary in Axis Izan Izan Interdisciplinary in Axis Izan Interdisciplinary in Axis Izan Interdisciplinary in Axis Izan Izan Izan Izan Izan Izan Izan Izan	Ion Yrs: 2 Mos: Uncertain about date of parole

State of C	alifornia, Department of Corrections-	Institution: L	0	Prior Page Number:	
CHRONO	LOGICAL INTERDISCIPLINARY	PROGRESS NOTES		nicians, Treatment	
Date/Time:	4 Note - 90 D	1.8	PRO 201		
1917/16	4 Note - 90 D	cey CM F/U	, h	Use Name REPRESENTATION LES CAPACIONE LES CAPACI	-duge
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	Visiting Medical -s	I get ascun	de elin h	ortina co	and sto
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	break down mil fel	of my recovere	wasn't we	ik na sve	wens wo
	out to get me . Ve	sonla hern	Really works	ra Recovery	1,4,19
			7.1.20.2	11. 11	
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	MH 3 [3/21/96]	C^3	Cunning		
	ntial Client/Patient Information	Inpatient			
See	W & I Code, Section 5328	Qutnatient	cdc# <u>V 72</u>	イ <u>ベ</u> ゴ DOB	2,16,58

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SIERRA CONSERVATION CENTER INTERDISCIPLINARY TREATMENT TEAM REVIEW

20 m - 7/	20/66				
Members present	MOSTLE PhD. Stuff I Oiro. PhD. Senior Psych Allen. PhD. Stuff Psych Bücklind. PhD. Staff P Sanchez. ECSW Mocketts. PhD. Staff I Lancaster. PhD. Staff Psych Savage: PhD. Staff Psychiatrisis Palmer. MD. Staff Psychiatrisis CGI. Logo Inmate attended	Psychologist () hologist () sologist () sychologist () Psychologist () Sychologist () chologist () Psychologist ()	for Review Initial Review Freatment Plan R Innual Review Program Removal Case Review AD SEG Placeme Other		
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Current AD SEG, I Pertinent Case Fa Team_Input/Recon	ctors Discussed	Treatment Pla Not Applicable	n Reviewed and Sig	ned	
Action Plan: Other	ne Chrono Completed	See Treatment Next Review D		7/20/67	
Clinical Case Main Signature:	ager Morre, PD		INMATE: C	unningh 17232	2m, J.

State of Cal	ifornia, Department of Corrections Institution: SCC Prior Page Number:
CHRONOL	OGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:	(EM). 30 D F(U Use Name & Title Stamp.
7/13/06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
1140	Appearance Cave-knee XWNL
	Behavior TAIKATIVE XWNL
	Mood (OW IN AM S. X WNL
	Sleep Corrected & LX XWNL
	Appetite 9000 WNL
	Affect Cooperative, Valle & WNL
A. L. C. S. La Santagrafia	Suicidality OCC S/I, & ATTEMP/S & None noted or stated & HX
	Hallucinations None
	Delusions \(\sigma\) \(\sigma\) None \(\lambda\) At give
	Medications Revedual, Scroquel 600 Helpful NICe combo, well-with
	Referral to psychiatrist needed & Fella to MO - too!
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	- Hut himself: Knee Char fell spart 10x ray, - MISSING family & plowe calls, Recovery M-SAT.
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	Church Sw. U/telps!
	Struggles C fatigue & NOTIVATION.
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INTERDISC	MENTAL HEALTH LEVEL OF Lost Name: First Name: MI PLINARY PROGRESS NOTES CARE ,
	MH 3 [3/21/96] (CCCMS) CUNNING han, JAMES
Confider	ntial Client/Patient Information EOP
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NOTE: IF THE PATIENT	IS UNABLE TO COMPLETE THE	FORM, A HEALTH CARE STAFF ME	MBER SHALL COMPLETE THE FORM	ΟN
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REASON YOU ARE REC	QUESTING HEALTH CARE SEI	RVICES, (Describe Your Health Pr	oblem And How Long You Have Had	
			7-3-05	F
PATIENT SIGNATURE	Sa solvagini iv i i i i i	<u> </u>	DATE	7.7
MARMESO	MAIGHAM VI	1223	HOUSING 5-7-111	ж.,
REQUEST FOR:	243 W. D. A. C. S.	ISHEAUTH THE DENTAL		
If you be	lieve this is an urgent/emergent	health care need, contact the cor		
	A fee of \$5.00 may be charge	d to your trust account for each health	care visit.	<u>~</u>
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Case 3:07-cv-02183-DMS-BLM Filed 01/22/2008 Page 58 of 86 Document 10 Copy for montal 294787 JUL 0 7 2006 STATE OF CALIFORNIA CDC 7362 (Rev. 03/04) HEAL. CARE SERVICES REQUEST PART I: TO BE COMPLETED BY THE PATIENT A fee of \$5.00 may be charged to your trust account for each health care visit. If you believe this is an urgent/emergent health care need, contact the correctional officer on duty. REQUEST FOR: MEDICAL IV MENTAL HEALTH DENTAL [MEDICATION REFILL CDC NUMBER HOUSING DATE ESERVICES. (Describe Your Health Problem And How Long You Have Had A(A) 441-A(SO WEEDE COSTE CONTROLLED MOCHING. TUMS ANTACIDS PITOBLEY NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMP BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT ☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.) PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE Date / Time Received: Received by: Date / Time Reviewed by RN: Reviewed by: Pain Scale: 6 8 10 T: P: R: BP: WEIGHT: A: ☐ See Nursing Encounter Form **E**: APPOINTMENT **EMERGENCY** URGENT ROUTINE (IMMEDIATELY) (WITHIN 24 HOURS) SCHEDULED AS: (WITHIN 14 CALENDAR DAYS) REFERRED TO PCP: DATE OF APPOINTMENT: COMPLETED BY NAME OF INSTITUTION PRINT/STAMP NAME SIGNATURE / TITLE

DATE/TIME COMPLETED

State of Cal	Prior Page Number:
CHRONOL	LOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:	Use Name & Title Stamp.
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	MENTAL HEALTH LEVEL OF Last Name: First Name: MI:
INTERDISC	CIPLINARY PROGRESS NOTES CARE CUNNINGHAM, JAMES
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Inpatient

Outpatient

Confidential Client/Patient Information

See W & I Code, Section 5328

02/16/58

DOB__

V72323

CDC#

State of California, Department of Corrections-Institution: 5.0 Prior Page Number:
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time: Use Name & Title Stamp.
5/9/06 Chart Review F/U & IDTY (42/06)
- IM apparently referred by DR Church (note 3/3/6
to IDIT for Review" 7 S. Med concern Re: housing & to gum
-IDTT 4/27/06 Rec: /action Plan / other En follows:
- Cont. Same tx Plan
- Cons. CC Mgt F/U & 30 days (Misclinicator
of d. M. cond. howsing Bldg 5)
- I.M. assessed as "Not EOP" (at IDIT & prior Evals
- I.M. due for Tott Annual & 1/21/06
- update MH2 (last 1/05), pricor to "
- Update MH 4 (last 7/4/05) PRM, ""
the state of the s
- el M Stable, powerer requesting applic
Grander, DR. Church (specifically) re:
dosepos Benadryl", ? sleep distulbance vs.
+ tolerance for delay in sleep onsot.
- apple = De. Chunk 5/18/06 Re: aforementioned
* Note: In last sev contacts - This clinician D.M. appeares -
Request Concern Esecondary Inform PLY
gain Eprundeslying mobiusk)
T Moore, Ph.
Page#
Last Name: First Name: MI:

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name:	First Name:	MI:
MH 3 [3/21/96]	@3.	Cunnin	gham, J	ene
Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient	CDC# <u>V</u> 7 2	323 DC	DB <u>Z 116158</u>
	Outpatient	A Section 1997	· , ·	

State of Ca	lifornia, Department of Corrections-Institution: 5.C.C Prior Page Number:
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0:	d.M. is a S, 50y.o., well-nourished, nicely groomed AA fa of
	6 (5-30 yrs of age) ¿ ¿ his mo, alive & well. (Misinformed)
	Re: EOP, there CDC transfers, Etc. Open runded;
	scamingly comprehended into, appreciative of same.) Hood -
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:	I.M. mentiona some sleep disturbance, but & signig. 1/1 reported.
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	clinician Tinos)
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INTERDISC	MENTAL HEALTH LEVEL OF CIPLINARY PROGRESS NOTES CARE
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	ntial Client/Patient Information Inpatient W & I Code, Section 5328 CDC# 7 Z 3 Z 3 DOB 2 / 16 / 58
. 300	W & I Code, Section 5328 Outpatient $CDC#\sqrt{72323}$ $DOB2/6/58$

SIERRA CONSERVATION CENTER INTERDISCIPLINARY TREATMENT TEAM REVIEW

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Members pinyan K	Moore PhD Staff Psychology Allen PhD Staff Psychology Allen PhD Staff Psychology Backlinut PhD Staff Psychology Backlinut PhD Staff Psychology Hardcastle PhD Staff Psychology Lancaster PhD Staff Psychology Savage PhD Staff Psychology Halliburton PhD Staff Psychology Palmer MD Staff Psychiatri Lemp MD Psychiatrist CCL CONN	ist () () () () () () () () () () () () () (for Review Initial Review Treatment Plan Review Annual Review Program Review Program Removal Case Review AD SEG Placement Öther	
Date of AD SEG I Reason for Placer	Placement In nent	iial ICC Date:	Nea ICC Dai	2
Current AD SEG	Disp			
Pertinent Case Fa	ctors Discussed()	Treatment Pla	ni Reviewed and Signed	
Team Input/Reco	nmendations: ()	Not Applicabl		
Action-Plan Othei	Follow up	See Treatmen	\$10,700	and the
() Appropr	iate Chrono Completed	Next Review 1	Date ()	
Clinical Case Ma Signature	Moore PhD		NUMBER V72	ningham-j.

State of California, Department of Corrections-Institution: Prior Page Number:_ CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Date/Time: Use Name & Title Stamp. 1500 First Name: Last Name: MENTAL HEALTH LEVEL OF Cunninghon U72327 INTERDISCIPLINARY PROGRESS NOTES CARE MH 3 [3/21/96] Confidential Client/Patient Information Inpatient See W & I Code, Section 5328 DOB___/_ CDC# Outpatient

State of California, Department of Corrections - Institution: SCC Prior Page Number :
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
CLINICAL CASE MANAGER PROGRESS NOTE
Date/Time// 1/08/12005;
Reason for CM contact: B quarterly contact: D staff referral D self-referral D RVR D OHU
□ custody referral □ CCM referral □ other
S Ruefus 13 going well flas been restless
Sleeping problems - Will vefer to psychief
To discuss meds.
O Appearance: WNL
Mood: WNL Affect: WNL
Thoughts: WNL Speech: WNL
Behavior: ☑ WNL Eye contact: ☑ WNL
Sleep: WNL Problems Appetite: WNL
Hallucinations: □auditory □visual □denies Delusions: ☑ denies
DANGER TO SELF: yes/denied/no signs DANGER TO OTHERS: yes/demed/no signs)
Other:
Bright Colored
A GAF: 65 LOC: □GP CCCMS □EOP Dx: □same as MH2 □change MH2 (refer to IDTT)
Impressions: Zstable
The second of th
P Next scheduled session in days. Continue current Treatment Plan:

Consulted with Signature

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE ...

Inpatient Outpatient

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Last Name/Fist Name/MI-un nigham Janes

172323 DOB 2 1/6,58

State of California, Department of Corrections - Institution: SCC Prior Page Number:
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
CLINICAL CASE MANAGER PROGRESS NOTE
Date/Time <u>8/_/2/2005;</u>
Reason for CM contact: Quarterly contact staff referral self-referral RVR OHU
□ custody referral □ CCM referral □ other
s went to Classification - out on 11st
Con Compiler Traming - Doing well
Sleeping is good. Appetite good.
Appearance: WNL
Mood: WNL Affect: WNL
Thoughts: WNL Speech: WNL
Behavior: WNL Eye contact: WNL
Sleep: WNL Appetite: WNL
Hallucinations:
DANGER TO SELF: yes/denied/no signs DANGER TO OTHERS: yes/denied/no signs
Other:
A GAF: 64 LOC: □GP PCCCMS □EOP Dx: Same as MH2 □change MH2 (refer to IDTT)
Impressions: Vistable Was Appeal Starting in Superior Bust
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P Next scheduled session in days. Continue current Treatment Plan: ✓yes □no (if no, refer to IDTT)
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INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I.Code, Section 5328 CARE Cunning from Sam W CDC # 1/2 723 23 DOB 2 1/6 58

Inpatient Outpatient

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CDC # V-72323 DOB 1-1-

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State of Cal	fornia, Department of Corrections - Institution: Prior Page Number OGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff Clinicians, Treatment Teams.
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	been a bed nood! He notes improving
	mood suce starting of Proce almost I
e e e e e e e e e e e e e e e e e e e	month ago. appetite is five, sleep at
	45 down of Twegran DOC - ZHOH
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	conta	or deane for improved situation.
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MENTAL HEALTH
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Confidential Glienc Patient Information
See With Gode Section 5328

Outpatient

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CDC # V. 72323 DOB /_/___

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I. General Information	······································	Current Level o	f Care: NONE 🗹 C	CCMS TODAY'S DATE	
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Arrival Date This Treatmen	nt Setting: 1/16/2007	Current Housing		CTC VEXT UPDATE	
From: SCC		☐ ASU ☐ P		- / . / _ a	
Custody Level: MAX		EPRD: 261			
Date Reviewed:	Initials: Dat	e Reviewed:	Initials: Date I	Reviewed: Initials:	
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V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS: See Form Dated For Detailed Description					
See Form Dated For Detailed Description Summary: Florida Coulds College Coulds College Coulds					
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VI. RECOMMENDED HOUSING: Single Cell Double Cell.					
VIII TRANSFER/DISCHARGE TO: 图 Non MHSDS D GCCMS 图 EOP 图 MHCB 图 APP 图 ICF 图 DTP 图 Parole					
INSTITUTION CMC-E CLINICIAN S., Rippner, PhD					
INMATE BED NUMBER 7268 DATE 1/7/07 Name (Last, First, MI), CDC Number, DOB					
Was francisco				First Name:	
	ALTH TREATMENT R 7388 (Rev. 06/06)	PLAN	CUNNINGHAM	JAMES	
	Client/Patient Informa	ution	CDCR #:	DOB:	
	Page 1 of 6		V72323	2/16/1958	
STATE OF CALIFORNIA			DEPARTMENT OF	CORRECTIONS AND REHABILITATION	

Case 3:07-cv-02183-DMS-BLM [Document 10 Filed 01/2	2/2008 Page 71 of 86
Ailôn: CMC-E)linician: S. Ripp al. Mental Status Examination-	oner, PhD	Date:
. Appearance: Well Swomed		·
Appearance: Well Swomed Behavior/Cooperation: Community		
C. Orientation: WNL	· · · ·	
D. Speech: WNL		
E. Affect: WNE Company of the Compan		
. Mood: WNLDysphone		
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Attention		
Memory WNL	•	
. Though Processes: WNL Tangential	☐ Circumstantial ☐ Loos	se
J. Perception: Hallucinations	Sayy Lin Hay	9 1
K. Thought Content:	a to umped	O It hes hopping
Delusions Norfe Chunk ML V	827	pefile
Obsessions None		
Magical Thinking None		
L. Insight		
Judgment DWNL für	•	
	Name (Last, First,	MI), CDC Number, DOB
MENTAL HEALTH TREATMENT PLAN	Last Name:	First Name:
CDCR 7388 (Rev. 06/06)	CUNNINGHAM	JAMES
Confidential Client/Patient Information		-
Page 3 of 6	CDCR #:	DOB:
	V72323	2/16/1958
		PECTIONS AND BEHARILITATION

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

		MENTAL HEALTH TF	REATMENT PLAN		
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Axis V.	CO .				
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State of California, Department of Corrections: N	/C/S Region, Ser	rvice Area = $ u$, Insti	tution = SCZ
MENTAL HEALTH TREATMENT PLAN: Sequen	itial Part One Identi	ifier Number	Page 1 of 2
Original Update Rejustification		CCCMS Ann	ual Case Review
I. General Information: Arrival Date This Treatment Setting: 7/8/05 □ CCCMS □ EOP □ MHCB/Infirmary □ PSU □ week observation. Anticipated Date of Transfer to GP: //	, -		Today Date 7 21 05 Next Up Date 7 21 106
Custody Level: I / II / III) / IV / AdS / SHU			
II. Print Treatment Team Members	Position	Telephon	e & Extension
Racklund, Pho.	1sych		
OTTO, PhD	1,		
Church uno	Psychiat		
Pare CI	COYY- CO	UNS-	
Pase CI III. Present Mental Status Date 7 1/4/05 By A) Appearance WNL	LANCASTE.	<u>Title</u>	
B) Behavior DWND	Sp	eech DWNL	: .
C) Mood □WNL Sleep □WNL	Appetite □WN	IL Affect □	WNL
D) Cognition: 1) Fund of Information	Sce	MH 4 7/14/05	
E) Perception Disturbances (Hallucinations) D N	one	· · · · · · · · · · · · · · · · · · ·	
F) Thought Content (Delusions) None		<u></u>	
G) Sensorium (Orientation, Memory, Attention, C	Concentration) DWN	L	
H) Insight & Judgment □WNL			
I) Interview Attitude □WNL			
J) Current Suicidality □None noted or stated.	,		
K) Current Violence Risk □None noted or stated.			

MENTAL HEALTH	LEVEL OF	Läst Näme: First Näme:	MI:
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Diagnosis, Problems, Inmate Strengths	Inpatient		
Part Two: Problem Pages Results			
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Confidential Client/Patient Information		CDC # V - DOB 2 //	<u>6/3</u> 0
See W & I Code, Section 5328			

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Axis III		
Axis IV		(current) Incar covation
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#2		
#3	A Company of the Company	
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Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths	Inpatient		
Part Two: Problem Pages - Results			
Use Insert-a-Page of MH 1 Confidential Client/Patient Information	Outpatient	coc# <u>//-7.3323</u>	3 <u>2 1/6 158</u>
See W & I Code, Section 5328	and the desired and	The state of the s	10 min 10

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	UPDATES, REJUSTIFICATION MH 2 [3/29/96]		
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١	Part Two: Problem Pages Results		
	Use Insert-a-Page of MH 1 Confidential Client/Patient Information	Outpatient	CDC# 172323 DOB 216159
١	See W & I Code, Section 5328		

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SIERRA CONSERVATION CENTER JAMESTOWN, CALIFORNIA

X-RAY REPORT

NAME: Cunningham, James

CDC #: V-72323

DATE: 11-20-06

AGE: 49

PHYSICIAN: Dr. Sweetland

X-RAY OF: Mandibular series (AP, oblique, lateral submentovertex projection)

COMPARISON: None

BRIEF HISTORY: Trauma. Rule out fracture.

FINDINGS:

The examination demonstrates no soft tissue abnormalities. Bones and joints are intact. The facial bones and calvarium, as visualized, are unremarkable in appearance. The perinasal sinuses are well-pneumatized as visualized.

IMPRESSION:

Normal mandibular series.

MD: JW:jd D: 11-22-06 T: 11-22-06

J. Wilson, M.D. Radiologist

SCC M.D. Initials: Date: 12/7/ETG

State of California, Department of Corrections – Institution: SCC Prior Page Number: CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. CLINICAL CASE MANAGER PROGRESS NOTE	
CLINICAL CASE MANAGER PROGRESS NOTE	
OFFIGURAL ANDE INVITABLE LIGHTED HOLD	
Date/Time// 1/08/12005;	
Reason for CM contact: Squarterly contact: Staff referral Self-referral RVR OHU	
□ custody referral □ CCM referral □ other	
S Briefing is going well- Ivas been vestless sleeping problems - Will vefer to psychief	_
Sleeping problems - Will vefer to psychief	
To Ouscuss meds.	
O Appearance: WNL	,
Mood: ☑ WNL Affect: ☑ WNL	
Thoughts: WNL Speech: WNL	
Behavior: WNL Eye contact: WNL	
Sleep: WNL Problems Appetite: WNL	,
Hallucinations: □auditory □visual □denies Delusions: ☑ denies	
DANGER TO SELF: yes/denied/no signs DANGER TO OTHERS: yes/denied/no signs)	3
Other:	
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P Next scheduled session in days. Continue current Treatment Plan:	
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Signature: 10 January 100	
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Conflidential Client/Patient Information CDC # 1/2323 DOB 2 1/5 58	:
Confidential Client/Patient Information See W & I Code, Section 5328 CDC # 1 CDC # 1 CDC # 2	

State of California, Department of Corrections Institution: SCC Prior Page Number:
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
CLINICAL CASE MANAGER PROGRESS NOTE Date/Time_8 / 12-12005;
Reason for CM contact: A quarterly contact staff referral self-referral RVR OHU
☐ custody referral ☐ CCM referral ☐ other
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For Competer Traming - Doing well
Sleeping is good. Apoetite good.
O Appearance: Z WNL
Mood: WNL Affect: WNL
Thoughts: WNL Speech: WNL
Behavior: WNL Eye contact: WNL
Sleep: WNL Appetite: WNL
Hallucinations: Delusions: denies denies
DANGER TO SELF: yes/denied/no signs DANGER TO OTHERS: yes/denied/no signs
Other:
A GAF: 64 LOC: GP PCCCMS GEOP Dx: Same as MH2 Ghange MH2 (refer to IDTT)
Impressions: Astable Was Appaul Starting in Superior Court
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Signature: Tarreaster from
MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W. & I.Code, Section 5328 LEVEL OF CARE Cunning Name/First Name/MI CARE CUNNING Name/ CDC # 1/. 723 23 DOB 2.16,58
Confidential Client/Patient Information See W. & I Code, Section 5328 Inpatient CDC # 1/ 723 23 DOB 2/16/58

Inpatient Outpatient

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Outpatient

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Date/Time: Psychiatric Note 4 Use Name & Title Stamp.
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State of California, Department of Corrections - Institution: CHRONOLOGIOALINTERDISCIPLINARY PROGRESS NOTES: All Staff Clinicians, Treatment Teams.
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LEVEL OF Last Name: First Name: MI:
INTERDISCIPLINARY PROGRESS NOTES CARE (un plus hem yames
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Confidential Glience agent information. Inpatient CDC # V-72323 DOB
Outpatient

State of Cal	fornia, Department of Corrections—Institution: Provence Number: Provence N
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Outpatient

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ıval Date This Treatment Setting: 1/16/2007		Current Housing		CTC YEXT UPDATE
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/to Utry view assault VI RECOMMENDED HOUSING: Single Cell Double Cell No. Recommendation				
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INSTITUTION CMC-E CLINICIAN S., Rippner, PhD				
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		v 1/2/	Last Name:	First Name:
MENTAL HEALTH TREATMENT PLAN CDCR 7388 (Rev. 06/06)			CUNNINGHAM	JAMES
Confidential Client/Patient Information			CDCR#:	DOB:
Page 1 of 6			V72323	2/16/1958
STATE OF CALIFORNIA			050407454705	CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA

45		MENTAL HEALTH TREA	TMENT PLAN		
X. DIAG	NOSIS, CURRENT DSM				
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Axis V.	GAF= 64 Specify Functional Impairment: Paranel Beline (clocatu)				
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INSTITUTION CMC-E CLINICIAN S. Rippner, PhD				LCS2	
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MENTAL HEALTH TREATMENT PLAN CDCR 7388 (Rev. 06/06) CUNNINGI				JAMES	
	Confidential Client/F	Patient Information	CDCR #:	DOB:	
	Page 5	5 of 6	V72323	2/16/1958	
			DEPARTMENT OF CORR	ECTIONS AND REHABILITATION	

State of California, Department of Corrections: N	/C/S Region, S	Service Area = ν	, Institution = 5 cd	
MENTAL HEALTH TREATMENT PLAN: Sequen	tial Part One Ide	ntifier Number	Page 1	of 2
☐Original Update □Rejustification			MS Annual Case Revi	ew
I. General Information: Arrival Date This Treatment Setting: 7 8 /05 CCCMS EOP MHCB/Infirmary PSU week observation. Anticipated Date of Transfer to GP: //	☐ MH 6 ☐ CF	□Individual Clinic ile □ Health Reco Record □ MH 1 or MH 2 _/_/		e
Custody Level: I/II/(II)/IV/AdS/SHU				•
II. Print Treatment Team Members	Position	Te	elephone & Extension	1
Racklund, Pho.	Psych			
OTTO, PAD	1)			
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Pate OI	COVY- C	ours-		
III. Present Mental Status Date 7 1/4/05 By A) Appearance WNL	COVY- CASTA	Title Title		
B) Behavior DWND		Speech DWNL	: .	
C) Mood □WNL Sleep □WNL	Appetite □W	'NL A	Affect OWNL	
D) Cognition: 1) Fund of Information		_ MH 7/14/05	4	
F) Thought Content (Delusions) None		***		
G) Sensorium (Orientation, Memory, Attention, C	Concentration) DW	NL		
H) Insight & Judgment □WNL				
I) Interview Attitude □WNL	and the second s			
J) Current Suicidality □None noted or stated.			,	
K) Current Violence Risk □None noted or stated.			<u> </u>	
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MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION	LEVEL OF CARE	Last Name: First Name: MI: Cunning fam James
MH 2 [3/29/96]		
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths	Inpatient	
Part Two: Problem Pages Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Outpatient	CDC # V 7 23 23 DOB 2 116,58